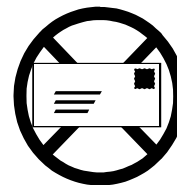


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DE-8453

DELAWARE INDIVIDUAL INCOME TAX
DECLARATION FOR ELECTRONIC FILING
FOR THE YEAR JANUARY 1 - DECEMBER 31, 2003



2003

USE DELAWARE LABEL (OTHERWISE PRINT)

DO NOT MAIL!

YOUR SOCIAL SECURITY NUMBER	SPOUSE'S SOCIAL SECURITY NUMBER
FIRST NAME(S) AND INITIAL(S)	LAST NAME
HOME ADDRESS (NUMBER AND STREET INCLUDING RURAL ROUTE)	
CITY, TOWN OR POST OFFICE, STATE & ZIP CODE	
DAYTIME TELEPHONE NUMBER	

STATE OF DELAWARE

PART 1 TAX RETURN INFORMATION (WHOLE DOLLARS ONLY)

1. TOTAL DELAWARE ADJUSTED GROSS INCOME (FORM 200-01, LINE 1; FORM 200-02, LINE 37; FORM 200-03 EZ, LINE 3).....	1.	
2. TOTAL DELAWARE TAX (FORM 200-01, LINE 8; FORM 200-02, LINE 42; FORM 200-03 EZ, LINE 8).....	2.	
3. DELAWARE INCOME TAX WITHHELD (FORM 200-01, LINE 15; FORM 200-02, LINE 48; FORM 200-03 EZ, LINE 13).....	3.	
4. NET REFUND (FORM 200-01, LINE 25; FORM 200-02, LINE 58; FORM 200-03 EZ, LINE 22).....	4.	
5. NET BALANCE DUE (FORM 200-01, LINE 24; FORM 200-02, LINE 57; FORM 200-03 EZ, LINE 21).....	5.	

PART 2 Direct Deposit of Refund (Optional - See instructions.)

6. Routing number _____

7. Account number _____

8. Type of Account _____ Checking _____ Savings

PART 3 DECLARATION OF TAXPAYER

9. ☐ I consent that my refund be directly deposited as designated in Part 2, and declare that the information shown on lines 6 through 8 is correct. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
- ☐ I do not want direct deposit of my refund or am not receiving a refund.
- ☐ I authorize the Division of Revenue and its designated financial agent to initiate an electronic funds withdrawal (direct payment) entry to the financial institution account indicated in the tax preparation software for payment of my state taxes owed on this return.

If I have filed a balance due return, I understand that if the Delaware Division of Revenue does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties. If I have filed a joint Federal and State tax return and there is an error on my state return, I understand my Delaware return will be rejected.

Under penalties of perjury, I declare that the information I have given my ERO and the amounts in Part 1 above agree with the amounts on the corresponding lines of the electronic portion of my 2003 Delaware income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. I consent to my ERO sending my return, this declaration, and accompanying schedules and statements to the Delaware Division of Revenue, I also consent to the Delaware Division of Revenue sending my ERO and/or transmitter an acknowledgment of receipt of transmission and an indication of whether or not my return is accepted, and, if rejected, the Reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize the IRS to disclose to my ERO and/or transmitter the reason(s) for the delay, or when the refund was sent.

SIGN
HERE

SIGNATURE

DATE

SPOUSE'S SIGNATURE

DATE

PART 4 DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER

I DECLARE THAT I HAVE REVIEWED THE ABOVE TAXPAYER'S RETURN AND THAT THE ENTRIES ON THIS FORM ARE COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

I HAVE OBTAINED THE TAXPAYER'S SIGNATURE ON FORM DE-8453 BEFORE SUBMITTING THIS RETURN TO THE INTERNAL REVENUE SERVICE (IRS) AND THE DELAWARE DIVISION OF REVENUE (DDOR). I HAVE PROVIDED THE TAXPAYER WITH A COPY OF ALL FORMS AND INFORMATION TO BE FILED WITH THE IRS AND DDOR, AND HAVE FOLLOWED ALL OTHER REQUIREMENTS DESCRIBED IN PUBLICATION DE-1345, HANDBOOK FOR ELECTRONIC FILERS OF INDIVIDUAL INCOME TAX RETURNS (TAX YEAR 2003) AND ANY REQUIREMENTS SPECIFIED BY THE DELAWARE DIVISION OF REVENUE. IF I AM ALSO THE PAID PREPARER, UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THE ABOVE TAXPAYER'S RETURN AND ACCOMPANYING SCHEDULES AND STATEMENTS, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, THEY ARE TRUE, CORRECT AND COMPLETE. DECLARATION OF PREPARER IS BASED ON ALL INFORMATION OF WHICH PREPARER HAS ANY KNOWLEDGE.

SIGN

HERE

ERO'S SIGNATURE

DATE

EIN, SSN, OR PTIN.

ERO

FIRM'S NAME (OR YOURS IF SELF-EMPLOYED)

CHECK IF ALSO PREPARER

CHECK IF SELF-EMPLOYED

ADDRESS (STREET, CITY, STATE & ZIP CODE)

Business phone #

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THE ABOVE TAXPAYER'S RETURN AND ACCOMPANYING SCHEDULES AND STATEMENTS, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, THEY ARE TRUE, CORRECT, AND COMPLETE. DECLARATION OF PREPARER IS BASED ON ALL INFORMATION OF WHICH THE PREPARER HAS ANY KNOWLEDGE.

SIGN

HERE

PREPARER'S SIGNATURE

DATE

EIN, SSN, OR PTIN

PAID
PRE-
PARER

FIRM'S NAME (OR YOURS IF SELF-EMPLOYED)

CHECK IF SELF-EMPLOYED

ADDRESS (STREET, CITY, STATE & ZIP CODE)

Purpose of Form

Use Form DE-8453 to:

- Authenticate the electronic portion of Form 200-01, 200-02, or 200-03.
- Send any accompanying paper schedules or statements.
- Authorize the electronic return originator transmitter, and
- Provide the taxpayer's consent to directly deposit any refund.

Line Instructions

IRS Declaration Control Number (DCN).

- The DCN is a 14-digit number assigned by the ERO to each return. Clearly type or print the DCN in the top left corner of each Form 8453. Enter the number after the IRS has acknowledged receipt of the electronic return as follows:

Boxes	Entry
1-2	File identification number (always "00")
3-8	Electronic filer identification number (EFIN) assigned by the IRS
9-11	Batch number ((000-999) assigned by the ERO
12-13	Serial number (00 to 99) assigned by the ERO
14	Year digit (for returns filed in 2003, the year digit is "4")

Example. The EFIN is 509325, The batch number is 000. The serial number is 56. The DCN is 00-509325-00056-0.

Name, Address, and Social Security Number (SSN).- If the taxpayer received a peel-off label from the Delaware Division of Revenue, place the label in the name area. If the taxpayer did not receive a label, print or type the information in the spaces provided. Please verify that the SSN is clear and correct. If a joint return, be sure the names and SSNs are listed in the same order.

P.O. Box. - Enter the box number only if the post office does not deliver mail to the taxpayer's home.

Note: The address must match the address shown on the electronically filed return.

Part 1 - Tax Return Information

Line 5.- Do not include the payment with Form DE- 8453. Instead, mail it by April 30, 2004, with **Form 200-V** to the applicable address shown on that form.

Part 2 - Direct Deposit of Refund

Taxpayers who want to have their refund directly deposited must complete Part 2. A check, form, report, or other statement generated by the financial institution should show the routing number and account number.

For accounts payable through a financial institution other than the one at which the account is located, the taxpayer should use a document such as an account

statement or account identification card showing the routing number of the bank or institution where the account is located. A deposit slip should not be used because it can contain internal routing numbers. If there is any doubt about the correct routing number the taxpayer should contact the financial institution and ask for the correct routing number for direct deposit (Electronic Funds Transfers).

Note: *Some financial institutions may not accept direct deposits into accounts that are payable through another bank or financial institution, including credit unions.*

Line 6. - The routing number **must** be **nine** digits. If it does not begin with 01 through 12 or 21 through 32, the direct deposit will be rejected and a check sent.

Line 7. - The account number can be up to 17 characters (both numbers and letters). Include hyphens but omit spaces and special symbols. If fewer than 17 characters, enter the number from left to right and leave the unused boxes blank.

Caution: *Some financial institutions do not permit the deposit of a joint refund into an individual account. The Delaware Division of Revenue is not responsible when a financial institution refuses a direct deposit.*

Note: *If the taxpayer wants the refund directly deposited, be sure the corresponding box for line 9 in Part 3 is checked.*

Part 3 - Declaration of Taxpayer

An electronically transmitted return will not be considered complete, and therefore filed, unless and until a Form 8453 signed by the taxpayer is received by the IRS.

All filers **must** check one of the boxes for line 9.

If the ERO makes changes to the electronic return after Form DE-8453 has been signed by the taxpayer but before it is transmitted and either **1** or **2** below applies, the ERO must have the taxpayer complete and sign a corrected Form DE-8453.

1. The total income on line 1 differs from the amount on the electronic return by more than \$25, **or**

2. The total tax on line 2, the refund on line 4, or the amount owed on line 5 differs from the amount on the electronic return by more than \$1.

Part 4 - Declaration of Electronic Return Originator (ERO) and Paid Preparer

A paid preparer must sign Form DE-8453 in the space for **Paid Preparer's Use Only**. Only handwritten signatures are acceptable. But if the paid preparer is also the ERO, do not complete the paid preparer's section. Instead, check the line labeled "Check if also paid preparer."

The IRS requires the ERO's signature.